

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047209

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1982

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lucy Lee Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard

c. CITY OR TOWN Puxico

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rfd. 2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
Marion Francis Morgan

4. DATE OF DEATH Month Day Year
December 27, 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-26-10

9. AGE (last birthday) 53
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
Malden, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John L. Morgan

13b. MOTHER'S MAIDEN NAME

Lucinda Harty

14. NAME OF HUSBAND OR WIFE

Lois Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Lois Morgan Puxico, Mo. R. 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aneurysm, left ventricle of heart.

INTERVAL BETWEEN ONSET AND DEATH

12 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Previous myocardial infarction.

DUE TO (c)

Arteriosclerotic cardiovascular disease.
Lobar pneumonia.

1 1/2 years.
3 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-27-60 to 12-27-63 and last saw him alive on 12-27-63

Death occurred at 3:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
J. M. Morgan M.D.

22b. ADDRESS 330 North Second Street
Poplar Bluff, Missouri

22c. DATE SIGNED
12-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
12-29-63

23c. NAME OF CEMETERY OR CREMATORY
Rock Hill Cemetery

23d. LOCATION (City, town, or county) (State)
Puxico, Mo. Rural

24. FUNERAL DIRECTOR ADDRESS
Watkins & Sons Dexter, Mo.

25. DATE RECD. BY LOCAL REG.
1-2-1964

26. REGISTRAR'S SIGNATURE
Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10128

21030

3

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11

12 3-0

13 1-0

1961 8 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.